

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>12/13/91</u>		2 Serial/Patent # <u>09/202 017</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	Other <u>Laboe Charges</u>	<u>#6</u>	<u>10/15</u>	<u>\$ 120.00</u>
		7 TOTAL AMOUNT OF REFUND		\$
		8 TO BE REFUNDED BY:		
10 REASON:		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>02--2448</u>		
<input type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input type="checkbox"/>	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: _____		TITLE: _____		
SIGNATURE: _____		PHONE: _____		
OFFICE: _____				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*